

Docket No.: M4065.0103/P103-A  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Howard E. Rhodes

Application No.: 10/642,612 Confirmation No.: 2827

Filed: August 19, 2003 Art Unit: 2812

For: BURIED CHANNEL CMOS IMAGER  
AND METHOD OF FORMING SAME Examiner: S. Mulpuri

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

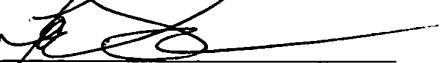
**INTRODUCTORY COMMENTS**

In response to the Office Action dated April 7, 2005 (Paper No. Mail Date 220050331), finally rejecting claims 124-130, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.



AMENDMENT TRANSMITTAL LETTER				Docket No. M4065.0103/P103-A
Application No. 10/642,612-Conf. #2827	Filing Date August 19, 2003	Examiner S. Mulpuri	Art Unit 2812	
Applicant(s): Howard E. Rhodes				
Invention: BURIED CHANNEL CMOS IMAGER AND METHOD OF FORMING SAME				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	22	- 29 =		x
Independent Claims	2	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Dated: June 7, 2005				
Thomas J. D'Amico Attorney Reg. No.: 28,371				
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2232				